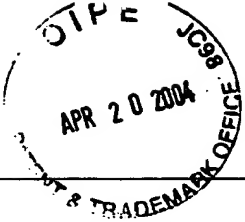





<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small></p>		Complete if Known																																															
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="border: 1px solid black; padding: 5px;">TOTAL AMOUNT OF PAYMENT (\$) 266.00</div>		Application Number	09/648,403-Conf. #5841																																														
		Filing Date	August 24, 2000																																														
		First Named Inventor	Richard H. Tsai																																														
		Examiner Name	Ngoc-Yen T. Vu																																														
		Art Unit	2612																																														
		Attorney Docket No.	M4065.0788/P488																																														
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																															
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP</div></div> <div style="border: 1px solid black; padding: 5px;"><p>The Director is authorized to: (check all that apply)</p><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input type="checkbox"/> Credit any overpayments</div></div><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div>		3. ADDITIONAL FEES																																															
FEE CALCULATION		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">APR 23 2004</div> <div style="font-size: 1.2em; font-weight: bold;">Technology Center 2600</div>																																															
1. BASIC FILING FEE																																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td style="text-align: right;">(\$) 0.00</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$) 0.00
Large Entity				Small Entity		Fee Description	Fee Paid																																										
Fee Code	Fee (\$)			Fee Code	Fee (\$)																																												
1001	770			2001	385	Utility filing fee																																											
1002	340			2002	170	Design filing fee																																											
1003	530			2003	265	Plant filing fee																																											
1004	770			2004	385	Reissue filing fee																																											
1005	160			2005	80	Provisional filing fee																																											
SUBTOTAL (1)					(\$) 0.00																																												
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>30</td><td>-20** =</td><td>10</td><td>x</td><td>18</td><td>=</td><td>180.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>-3** =</td><td>1</td><td>x</td><td>86</td><td>=</td><td>86.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table>				Total Claims		Extra Claims		Fee from below		Fee Paid										Total Claims	30	-20** =	10	x	18	=	180.00	Independent Claims	4	-3** =	1	x	86	=	86.00	Multiple Dependent						=							
Total Claims				Extra Claims		Fee from below		Fee Paid																																									
Total Claims	30	-20** =	10	x	18	=	180.00																																										
Independent Claims	4	-3** =	1	x	86	=	86.00																																										
Multiple Dependent						=																																											
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td style="text-align: right;">(\$) 266.00</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 266.00		
Large Entity		Small Entity		Fee Description	Fee Paid																																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																														
1202	18	2202	9	Claims in excess of 20																																													
1201	86	2201	43	Independent claims in excess of 3																																													
1203	290	2203	145	Multiple dependent claim, if not paid																																													
1204	86	2204	43	** Reissue independent claims over original patent																																													
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																													
SUBTOTAL (2)					(\$) 266.00																																												
<div style="border: 1px solid black; padding: 5px;"><p>SUBMITTED BY</p><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="text-align: center;">(Complete if applicable)</th></tr></thead><tbody><tr><td>Name (Print/Type)</td><td>Thomas J. D'Amico</td></tr><tr><td>Registration No. (Attorney/Agent)</td><td>28,371</td></tr><tr><td>Telephone</td><td>(202) 828-2232</td></tr><tr><td>Signature</td><td></td></tr><tr><td>Date</td><td>April 20, 2004</td></tr></tbody></table></div>		(Complete if applicable)		Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232	Signature		Date	April 20, 2004	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Other fee (specify)</th></tr></thead><tbody><tr><td>*Reduced by Basic Filing Fee Paid</td><td>SUBTOTAL (3) (\$) 0.00</td></tr></tbody></table>		Other fee (specify)		*Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 0.00																														
		(Complete if applicable)																																															
		Name (Print/Type)	Thomas J. D'Amico																																														
		Registration No. (Attorney/Agent)	28,371																																														
		Telephone	(202) 828-2232																																														
		Signature																																															
		Date	April 20, 2004																																														
		Other fee (specify)																																															
		*Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 0.00																																														



AMENDMENT TRANSMITTAL LETTER			Docket No. M4065.0788/P788		
Application No. 09/648,403-Conf. #5841		Filing Date August 24, 2000		Examiner Ngoc-Yen T. Vu	Art Unit 2612
Applicant(s): Richard H. Tsai					
Invention: P-TYPE RESET/READOUT CIRCUITRY WITH N-TYPE PHOTODIODE FOR RADIATION HARD APS					
RECEIVED					
APR 23 2004					
Technology Center 2600					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 20 =	10	x 18.00	180.00
Independent Claims	4	- 3 =	1	x 86.00	86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					266.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Thomas J. D'Amico Attorney Reg. No.: 28,371				Dated: <u>April 20, 2004</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232					